

# Literacy Fair



(Summer Camp)

“The Lion, The Witch and The Wardrobe”

Attention WSD Parents  
&  
Parents of Deaf and Hard-of-Hearing

July 13 to 22, 2006

Target: Deaf and Hard-of-Hearing Campers!

Age: K-12<sup>th</sup>

Registration Fee:

WSD Students.....(See IEP Case Mgr for cost information)

Non-WSD Students.....\$ 85

Non-WSD Residential.....\$185

Activities Include: 9 nights lodging (residential only), meals, activities, academics, t-shirt, job experience (for 15yrs. and older).

Sponsored By  
Washington School for the Deaf  
611 Grand Blvd.  
Vancouver, WA 98661

To obtain a registration packet or for more information - 360-696-6525, ext 4362 or email

[Nikki.gkle@wsd.wa.gov](mailto:Nikki.gkle@wsd.wa.gov)

WSD's website: [www.wsd.wa.gov](http://www.wsd.wa.gov)

# "The Lion, The Witch and The Wardrobe"

## Festival

Drama, Activities,  
Concession Booths, Social and more!



July 22, 2006

Meet new friends!

Saturday  
10-4pm

See old friends!

Washington School for the Deaf  
611 Grand Blvd.  
Vancouver, WA 98661



Donation: \$1.00 per person  
Proceeds to Literacy Fair

For more information - 360-696-6525, ext 4362 or email [nikki.ekle@wsd.wa.gov](mailto:nikki.ekle@wsd.wa.gov)  
WSD's website: [www.wsd.wa.gov](http://www.wsd.wa.gov)

# Washington School for the Deaf

*Serving Deaf and Hard of Hearing Children Throughout the State of Washington*

## Literacy Fair

&

(Summer Camp)



## Non-WSO Camper Registration Packet

All information must be filled out completely and requested documents must be attached before your child will be accepted.

Use this checklist to ensure that documents are completed and enclosed with your registration packet.

1. Parent Information
2. Registration
3. Participant Information
4. What to Bring
5. Medical Release
6. Completed Health Packet
7. Photo Release
8. Expectation & Agreements

611 Grand Blvd  
Vancouver, WA 98661  
360-696-6525 800-613-4228  
[www.wsd.wa.gov](http://www.wsd.wa.gov)

# 1. Parent Information

## Literacy Fair 2006

**Washington School for the Deaf Staff:** All Summer Youth Program Staff receive ongoing safety training and are fluent in American Sign Language.

**Fees:** There will be no reduction in cost or refunds for participants arriving late or leaving early. Participants should bring spending money for snacks. (We reserve the right to refuse acceptance of any applicant who, in our judgment, will neither benefit from nor contribute to the camp experience. The right is also reserved to dismiss from camp a participant who, in the director's judgment, is detrimental to the best interest of the camp.)

**Registration and Payment Terms:** Applications are accepted for the full term only. WSD accepts cash, checks, money orders, and purchase orders/requests. Scholarships are available for low income families. Full payment must be received by **July 1, 2006** for your student to participate in Literacy Fair. For payment arrangements contact Kay Pedisich @ 360-696-6525 x0417 or [kay.pedisich@wsd.wa.gov](mailto:kay.pedisich@wsd.wa.gov). All applications must be filled out completely and mailed with the total fee to:

Washington School for the Deaf

Summer Programs

611 Grand Blvd

Vancouver, WA 98661

**Pre-Registration is required.**

**Registration Deadline is May 31, 2006**

**Visitation:** Attending camp provides an extraordinary opportunity for participants to gain language skills, self-reliance, self-confidence, and independence important to a child or teen's development; therefore the camp program should not be interrupted with visits by parents or relatives. **We highly recommend parents visit the Literacy Fair Festival on July 22, 2006.**

**Letters and Packages:** Please address letters and packages to the camp participant in the following format:

Washington School for the Deaf

Summer Programs

Child's Name

611 Grand Blvd

Vancouver, WA 98661

**Refund Information:**

**75%** of the amount paid will be refunded **IF** you cancel on or before **July 7, 2006.**

**No refund** will be given **after July 7, 2006.**

## 2. Registration

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**Registration deadline is May 31, 2006**

*Early Registration is advisable to ensure a place in the Camp!*

Please attach  
current photo here  
to help WSD Staff  
know campers on  
arrival.

### Fees:

WSD Students.....See IEP

Non-WSD Students.....\$ 55

Residential.....\$185

**Amount Enclosed**\_\_\_\_\_

### Participant Information:

Name\_\_\_\_\_

WSD Student? [ ☐ ] Yes [ ☐ ] No

If No, please list Local School District attended\_\_\_\_\_

If No, [ ☐ ] Deaf [ ☐ ] Hard of Hearing [ ☐ ] Cochlear implant

Parent/Guardian Name\_\_\_\_\_

Address\_\_\_\_\_ City, State, Zip\_\_\_\_\_

Email\_\_\_\_\_ Home Phone\_\_\_\_\_

Mother's Work Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

Father's Work Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

### For Scholarship Approval:

Please provide your total monthly income or TANF Case Number \_\_\_\_\_.

*Please send a copy of student's current IEP, if*

*\*Make all checks payable to WSD.*

### For Office USE only

Date Received:\_\_\_\_\_

Deposit Amount:\_\_\_\_\_

[ ☐ ] check [ ☐ ] money order [ ☐ ] purchase order

Receipt #:\_\_\_\_\_

Letter Sent:\_\_\_\_\_

### 3. Participant Information

#### Literacy Fair 2006

The following information regarding the prospective camper is essential. It will help our staff make your child's camp experience a fun one.

*All information will be kept confidential.*

Camper's Name \_\_\_\_\_

☐ Deaf ☐ Hard-of-Hearing ☐ CODA ☐ Cochlear Implant

Date of Birth \_\_\_\_\_ Age as of June 1, 2006 \_\_\_\_\_

School Attended \_\_\_\_\_ Grade \_\_\_\_\_

School District \_\_\_\_\_ IEP? Yes ☐ (If yes, please attach) No ☐

Does she/he have brothers or sisters? Yes ☐ No ☐

Please list names, ages, and if they are Deaf, Hard-of-Hearing or Hearing below.

\_\_\_\_\_  
\_\_\_\_\_

Does she/he have any learning or physical disabilities? Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any suggestions that will help the staff provide your child with a happy, beneficial camping experience would be greatly appreciated.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 4. What to Bring (Residential Campers Only)



\$35 for snacks and recreation



Enough clothing for 10 days



Tennis shoes



Raincoat



Warm Sweater or sweatshirt



Bathing suit



Pajamas



Toothbrush, toothpaste



Shampoo



Deodorant



Sun block



Comb or Brush



Hair bands (for long hair)



Soap & soap dish



Flashlight & batteries



Stationary and stamps



Water bottle



Small bag of laundry soap

### Optional:



Pillow



Camera



Sunglasses



Extra glasses/contacts



Swim goggles, earplugs



Playing cards



Books



Hat

Please mark name clearly on all items!  
Sheets, Pillow Case, Blankets, Towels & Washcloths will be furnished.

## 5. Medical Release

Literacy Fair 2006

Student Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergies \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

Any known medical conditions \_\_\_\_\_

### Medical Care

This is to authorize Washington School for the Deaf medical staff and/or other doctors so designated to provide emergency medical treatment to my student and administer anesthetic by qualified personnel if it becomes necessary. Washington School for the Deaf staff has the right to give first aid treatment to any student, and to seek and retain medical emergency or rescue services to treat, transport and/or hospitalize a student.

Parents/guardians are responsible for providing payment or medical insurance coverage for their student including medical expenses, evacuation and/or emergency transportation charges. Washington School for the Deaf does not provide medical insurance coverage for students and will not hold responsible for medical expenses under any circumstance.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## 6. Health Information

### Literacy Faire 2006

STUDENT INFORMATION				
STUDENT'S NAME		LAST	FIRST	MIDDLE INITIAL
ADDRESS		STREET	CITY	STATE ZIPCODE
HOME TELEPHONE	BIRTHDATE	AGE	SEX	EMAIL
PARENT/GUARDIAN INFORMATION				
NAME OF PARENT/GUARDIAN		LAST	FIRST	MIDDLE INITIAL
MOTHER'S CELL PHONE/PAGER		V/TTY		FATHER'S CELL PHONE/PAGER V/TTY
MOTHER'S EMAIL/PAGER ADDRESS		FATHER'S EMAIL/PAGER ADDRESS		
FATHER'S EMPLOYER				
EMPLOYER'S ADDRESS				PHONE NUMBER
MOTHER'S EMPLOYER				
EMPLOYER'S ADDRESS				PHONE NUMBER
INSURANCE INFORMATION				
NAME & ADDRESS OF INSURANCE COMPANY				
POLICY & GROUP NUMBERS/MEDICARE/UNION AND LOCAL			MY INSURANCE IS THROUGH	
NAME & ADDRESS OF INSURANCE COMPANY			____ Employment ____ Private	
POLICY & GROUP NUMBERS/MEDICARE/UNION AND LOCAL				
EMERGENCY CONTACT				
PLEASE LIST IN ORDER WHO YOU WOULD LIKE US TO CONTACT IN THE CASE OF AN EMERGENCY				
1	Relationship		Phone	
2	Relationship		Phone	
3	Relationship		Phone	
4	Relationship		Phone	

## 7. Photo Release

Literacy Fair 2006

### Photo Release:

I [ ☐ do [ ☐ do not hereby give Washington School for the Deaf and its assigns, licensees, or legal representatives the right to use my child's photograph in all forms of media and in all manners, including composite or other representations, for advertising, trade or other lawful purposes. Washington School for the Deaf will make every attempt possible to send me a copy of the publication.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Field Trip:

I, \_\_\_\_\_ (parent/guardian), give permission for my child to ride in WSD state vehicles.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## 8. Expectations & Agreements

Literacy Fair 2006

### Personal Loss:

I understand that Washington School for the Deaf does not cover theft, loss, or damage to my child's personal equipment or property. I understand that Washington School for the Deaf recommends that I check with my personal insurance coverage to confirm my insurance will cover any loss.

Parent/Guardian Initials \_\_\_\_\_ Student Initials \_\_\_\_\_

### Damage to Washington School for the Deaf Property:

I understand that I will be responsible for all costs incurred if my child damages any Washington School for the Deaf property. I understand that if the damage is serious enough, the local law enforcement will be involved.

Parent/Guardian Initials \_\_\_\_\_ Student Initials \_\_\_\_\_

### Expectations:



The primary responsibility of WSD Staff is to keep participants safe. We hope you will respect their responsibility and we expect you to abide by the rules set in order to keep you and the entire group safe physically and emotionally.



Camp is a group experience; your attitude influences the group. Positivity is expected; you don't have to love everything we do, only appreciate that you have done it.



We expect human kindness and appreciation of differences.

I agree that I will not participate in any illegal activity during any part of the camp, including but not limited to, use or possession of alcohol, tobacco, weapons, or any controlled substance. I will treat each team member with equal respect and fairness. I agree that any disregard for these guidelines, or other behavior detrimental to the group, may result in my dismissal from the summer camp. In the event that I am dismissed I understand that my parent/guardian is responsible to pick me up immediately. There will be no monetary refunds for participants who are dismissed for disciplinary reasons. There will be no monetary refunds or reduction in fees for participants who arrive late or leave early. I have read the above agreements with my parents/guardians and agree to abide by them.

Participants Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_